

Hospital Evangelism.

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The subject assigned me for this medical conference is "Evangelism."

Perhaps the hospital offers a better opportunity for "purely evangelistic work" than any other form of Christian endeavor on the mission field. One of the first advantages that the hospital has over the other branches of mission work is that it touches intimately large masses of people, who frequently come from long distances. These patients come from hundreds of villages, some of which are located in the most isolated places where the Gospel message has never reached. Our patients not only come in great numbers, and from a wide range of territory, but they hear the Christian message oftentimes under the most desirable conditions. Especially, as they convalesce from their diseases, are they in a favorable frame of mind for understanding and receiving the Gospel.

Hence in the discussion of this question it is only necessary to consider the methods by which the work of the medical man will best aid in the evangelization of the people with whom he comes in contact. In general it may be said that the exacting work of the physician calls for such close attention to his medical efforts that a great expenditure of time in evangelistic work becomes an impossibility. And while the hospital exists for the purpose of demonstrating practical Christianity, and as an evangelizing center, it is neither necessary nor practical that the physician in charge neglect the medical work in order to keep up the evangelistic tone of the hospital. In fact, other things being equal, the success of our evangelistic efforts, humanly speaking, depends, primarily, upon the quality of our professional work. If we are able to cure the patient's physical ailment we need worry little about how the Gospel message is presented. As one of my patients who had been cured by a difficult operation aptly stated to the

Bible woman who stopped to talk with her on the daily round, "Preach to the other patients—Don't worry about me. The doctor's knife was the sermon I needed. Of course I have become a Christian and will continue to believe on Jesus until I die." There is no pulpit so influential as a hospital ward, and no pew so receptive as a hospital bed. In the past, a medical mission was looked upon as a means to an end. Now it is an end in itself and content only when winning men to Christ by the power of the Gospel. However, in my opinion, as I intimated before, the main work of the doctor is not to preach. In fact some of us cannot preach, but we can all exercise a wonderful spiritual influence by our life and example. We have golden opportunities to manifest loving acts of Christian sympathy and service that many of our so-called evangelistic brethren might well be envious of. I believe the main evangelistic work of the doctor is to help create a proper spiritual atmosphere in the hospital. Needless to say this will necessitate the giving of time and attention to the means of growth and development in grace in his own life viz. time for prayer, study of the Word and meditation. To create and maintain a proper evangelistic spirit in the hearts and minds of the staff is of prime importance but difficult of accomplishment. Needless to say, whenever possible we should select as assistants, men and women of deep Christian experience in their own lives. It has always been our aim in the Taiku hospital to employ as evangelists and Bible women those capable of assuming the responsibility of spiritual leadership among the staff. To this end we have for some time had as our evangelist an ordained pastor and as Bible woman a graduate of the Bible institute.

Annually, at the time of the Korean New Year holidays, when our medical work is slack, we have a series of special evangelistic

meetings for the staff. A missionary or Korean pastor is invited to lead us and we have special time for Bible study during the day and preaching at night. However, recently we have found that one of the very best methods of promoting the proper evangelistic spirit in the staff is to have them organize into a preaching society. I will speak again of this later in connection with work for ex-patients.

We now come to the third phase of our subject—the patients. They may be divided into three classes—out-patients, in-patients, and ex-patients. These three classes represent three distinct phases of our medico-evangelistic work. Work for the out-patients means the scattering of seed in the waiting-room of the dispensary. Work for the in-patients means the Word preached in the wards and personal work by the bedside. Work for ex-patients consists of follow-up work in the homes and villages to which the patients return. To do the evangelistic work of the hospital properly these three phases must receive individual attention.

Work for out-patients. Men and women coming for the first time, hear the Gospel in their own tongue from an earnest Korean Christian, the evangelist, or Bible woman. We do not believe it fair to the patients or profitable to the hospital to compel them to listen for half an hour to a Gospel service before they are permitted to see the physicians, so the preaching in our waiting-rooms is all done as personal work as the opportunity presents itself. Many people claim that although this meeting of out-patients, once each day, does reach enormous numbers in the aggregate, yet it makes little impression upon them, because their minds are filled with the thought of their diseases. This to a certain extent is true of those who come for the first time, but, even if they go away and never return, they have at least once listened to the Gospel story, and with these the result has to be left with God. But, as our hospital figures will show, a large number of these out-

patients return a second and a third time, and often many times to the dispensary clinic, and always the evangelists are ready to talk with them while they wait their turn to see the doctor. Here, too, they are urged to purchase Gospels and other Christian literature. After the preaching in the waiting-rooms, these patients are shown back to the clinic rooms where the foreign and Korean doctors and their assistants see them. If the members of the staff are absorbed by a longing to have them understand and accept Christianity, the kind treatment these out-patients receive will surely impress them, and will help them to remember the words of the evangelist.

We come now to that much more important group, the in-patients, who present a much greater field for medical evangelism. They are divided into two classes, the ward patients, and the private room patients. These in-patients, on their admission to the hospital, are anxious concerning the healing of their bodies and generally indifferent to the claims of the Gospel. But after their operations, and as they begin to convalesce, they receive the Gospel message from many angles. During the dressing of their wounds or at ward rounds, they are shown kindness and the love of Christ made manifest in acts of sympathy and service such as many of them have never known before. Each day at eight-thirty prayer services are held in the wards and personal work done in the private rooms. Christian literature is sold or sometimes given to the patients. They are often taught how to sing a hymn or two and to lead in prayer. If we but only fully realized it, there is daily in our wards one of the finest congregations a missionary could ever hope for—people from all parts of the district, many of whom are new to the Gospel; people with plenty of leisure to listen, and free from distraction; and lastly, people who have already begun to respond to the kindness they have been receiving. If every member of the staff carries daily upon his heart the burden of winning these patients for Christ, and in his attitude towards them

constantly manifests the love of Christ, conversions in our hospitals will occur daily.

Work for ex-patients. The third phase of our medico-evangelistic work, that for ex-patients, although the most important and productive of the greatest results, is the one most often neglected. In fact the word "ex-patient" is really a misnomer as used in this paper. We medical men fall far short if we content ourselves with simply winning the goodwill and opening the minds of our patients to the Gospel. We must definitely seek to win them to Christ. Therefore our responsibility for them should not cease simply because they are physically able to leave the hospital and return to their homes. In the truest sense they are still our patients and, if not within our hospitals, they ought to be within our hearts, and we should continue to work for them until they are brought within the church. When then can a patient truly be designated as an ex-patient and the hospital's responsibility to him cease? When he is safely within and a member of the church. How shall we accomplish this result? In the Taiku hospital our plan is as follows:—The staff is organized into a preaching society. Each member makes a monthly contribution which goes toward the support of an additional evangelist and Bible women. We thus are able to employ an evangelist and Bible women to travel in the country in addition to the two we have always employed to preach in the hospital. However, their services alternate, those working in the hospital this month go to the country next month and vice versa. Our evangelist and Bible woman see the patients as they come into the hospital. They watch them as they progress in their treatment, become friendly with them and preach to them as they convalesce. In this way the patients not only come to know them, but gradually associate them very closely in their minds with the physical benefits they are receiving. As the patients prepare to leave the hospital the evangelist and Bible woman make a careful record of his or her name and

address, age, sex, occupation, attitude toward Christianity, how far home is from the nearest church, the size of the village in which he or she lives, and whether this village is a desirable location for a church. In addition to this record, on the hospital medical blank we have a space which is filled in when the patient enters, which shows whether he is a Christian or not, and another space which is filled in by the evangelist or Bible woman when the patient leaves, showing whether he has become a Christian or not while in the hospital. The doctor, because of this information, knows how to admonish the patient when bidding him farewell.

When the patient leaves the hospital we try to have him brought into touch with the native church in his district, or to have the foreign missionary visit him on the next itinerating tour. To this end each month the hospital evangelist and Bible woman make a report to the evangelistic committee of the station. They give the information mentioned above regarding each patient that has decided to become a Christian. We do not rely upon this method, however, and the hospital tries to keep in touch with the patients who have gone out by means of the post. We have return postal cards printed on which we ask questions regarding both their physical condition and spiritual welfare. In addition to these postals the evangelist and Bible woman try to maintain friendship by writing personal letters to the patients. Among the hospital converts they thus select those who live three miles or more from an established church and in a sufficiently large village to produce a church clientele, and then write asking the patient if a he will co-operate in helping the evangelist and Bible woman to preach in his village. If the patient is willing and glad to co-operate, the evangelist and Bible woman go to his village and reside there one month. Within this time, using the patient as a lever, they are practically always able to pry open the heathen doors of the village and win sufficient converts with which to establish a new group or church.

In following up our patients after they leave the hospital, however, there is a big gulf between the postal method of return cards, personal letters, etc., and the one month intensive preaching method. Into this wide gulf too many patients fall—lose their Christianity and are lost sight of. To make our system more complete, and to try to prevent this leakage in evangelistic results, our hospital preaching society is now planning to direct the itineraries of colporteurs who will go out to sell books as usual, but to representatives of the hospital. Given the names, addresses and other information regarding our patients, who also are informed in advance of the colporteur's intended visit, they set forth to visit and encourage our patients and to use them as help-mates in the selling of Christian literature in their heathen home villages. In this way we believe the colporteur will sell even more books than otherwise and help to keep us in direct touch with the majority of our patients. They will also enable us better to know the real condition of our patients, physical and spiritual, and advise us as to the most strategic places to choose for our evangelist and Bible women to establish churches.

The monthly meetings of the preaching so-

ciety are always very interesting as our evangelist and Bible woman from the country make their reports. There is always the incentive to have as good a report as possible, due to the fact that the twenty-five members of the staff have been praying for them during their absence and are waiting eagerly to welcome them home and hear of their success. The evangelist and Bible woman who have been working in the hospital ask approval of the society to go to a certain place in the country to preach the following month. In making this request they produce information regarding our patient living at this place and the suitability of the place for the erection of a church. Naturally they will work their hardest in order to bring home as good or a better report than their fellow workers brought the previous month.

Not only does this system bring forth the best efforts possible on the part of the evangelist and Bible woman, but, what is even more desirable, it tends to make each member of the staff assume a personal interest in each patient, for we never can tell in advance which patient will become the convert that we desire to use next month as our lever in prying open some heathen village.

Health Efficiency.

R. K. SMITH, M. D.

The Boards at home are giving more careful attention to the physical qualifications of those they send to the field. Are we on the field doing our utmost to co-operate and maintain health and physical efficiency at the highest point?

The need for Medical Secretaries is being realised at home and for three years Dr. Vaughan has been enthusiastically organising his department as Medical Secretary of the Methodist Board. More recently, Dr. Dodd has undertaken a similar work for the Presbyterian Board, U. S. A. In an effort to co-operate, we of the Presbyterian Mission on the

field have undertaken the annual physical examination of all missionaries and children. Blanks have been printed and distributed among the physicians which provide for a careful and detailed examination, paying special attention to those things which our experience has taught us constitute the points of least resistance in matters of health. The intangible things are, naturally, the hardest to observe and interpret. The health officer needs to be a psychologist as well as a physician. Korea has in recent years been having an increasing number of nervous breakdowns, a condition which is not peculiar to this country

alone. Dr. Dodd writes, "We all know that nervous and mental conditions are on the increase at home. It is natural to expect that the cross section of American people on the field should reflect this condition. Our experience also shows that the stress and strain of the missionary environment and work tend to aggravate weaknesses of this character, and we must be alert for these disqualifications fully as much as for the more tangible deficiencies." In an effort toward early perception of any beginning breaks we are including in our examinations the Schneider physical efficiency tests used for the aviators during the world war. With the recent shortening of service terms by our Board, and furlough readjustments, we should be able to maintain our health and physical efficiency at higher levels.

To this end full co-operation by the missionary body is necessary. We have all been shocked by the casualties and fatalities in our midst from dysentery, but are we always careful (especially during the warm weather) to eat only cooked fruits and vegetables or those which have been adequately disinfected with chloride of lime, or come from an unquestionably uncontaminated source of supply? Do we always regard the presence of a fly at the dinner table as more immediately dangerous than the red flag of a Bolshevik? In adapting

the Oriental food products to our dietary have we always been careful to maintain the proper balance between the necessary food elements? Do we take the regular physical-exercise necessary to maintain a health resistant to the encroachments of disease? Do we always co-operate with our medical officer by reporting early the beginnings of our lapses from perfect health? The doctors, with all their loads, are anxious to do their utmost to maintain the health efficiency of the missionary body. We appreciate the spirit of co-operation manifested by our fellow missionaries and bespeak their interest in all the efforts for their welfare which tend toward longevity of service.

The stress and strain of our life in recent years, with the increasing complexity of mission organization, and the changing character of the times, have had much to do with the tension which has proven too great for some of us. Realising that we are living in times of transition, nothing can stand us in better stead than a firm, hopeful, unchangeable faith in God; nothing serve better to keep us on the high place of efficiency for service than a calm, confident, repentant trust in and communion with our all powerful and ever present Heavenly Father, following His guidance day by day.

"Go Tell John."

The American Presbyterian Hospital of Tai-ku has had the most prosperous year in its history. After being closed for nearly three years, we have passed the first full year of work since reopening with a staff of two Korean graduate physicians. The lack of a foreign nurse has had to be inadequately supplied by two graduates of the Nurses' Training School of Severance.

During the year there have been 548 patients treated in the wards, a total of 7,420 hospital days. There have been 17,364 patients in the dispensary and the native receipts have been over Yen 21,000.00, covering seven-eighths of the expenditures.

The 175 lepers cared for in the leprosarium, under the support of the Mission to Lepers, are an inspiration to any visitor who realises the outcast position of those on the outside. The need for speedy enlargement of the institution is imperative.

As the chief reason for the existence of a mission hospital is that it may help to advance

the kingdom of Christ, two evangelists and one Bible woman have been kept busy all the time. The evangelists alternate a month about in going to the country to follow up patients with whom they have become acquainted in the hospital. The salary of the man in the country is paid by the Hospital Preaching Society, organised among the hospital staff, and he reports on the results of his work at the regular monthly meeting of the society. As a result of this work there have been 7 new church groups organised this year with a membership of 184. There have been 322 professed conversions in the wards and dispensary.

And thus we feel authorised to "Go *** tell John" the things done here in Hiu name;—"the blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, to the poor the Gospel is preached."

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